# Exhibit A

**United States Medical Licensing Examination® (USMLE®)**

## REQUEST FOR TEST ACCOMMODATIONS

***Use this form if you are requesting accommodations on USMLE for the first time***

**The National Board of Medical Examiners® (NBME®) processes requests for test accommodations on behalf of the USMLE program**

If you have a documented disability covered under the Americans with Disabilities Act (ADA), you must notify the USMLE in writing each time you apply for a Step examination for which you require test accommodations. Submitting this form constitutes your official notification.

- Review the USMLE Guidelines for Test Accommodations at www.usmle.org for a detailed description of how to document a need for accommodation.
- Complete all sections of this request form and submit it together with all required documentation at the same time you submit your Step exam application.
- Incomplete, illegible, or unsigned request forms and/or insufficient supporting documentation will delay processing of your request.
- Do not send originals. Please retain the originals of all documentation that you submit as we are unable to return submissions or provide duplicate copies to third parties.
- Submitting duplicate and/or bound documentation may delay processing of your request.
- NBME will acknowledge receipt of your request by e-mail and audit your submission for completeness. If you do not receive an e-mail acknowledgement within a few days of submitting your request, please contact Disability Services at 215-590-9700. You may be asked to submit additional documentation to complete your request.
- Requests are processed in the order in which they are received. Allow at least 60 days for processing of your request. Processing cannot begin until sufficient information is received by NBME and your Step exam registration is complete.
- The outcome of our review will not be released via telephone. All official communications regarding your request will be made in writing. If you wish to modify or withdraw a request for test accommodations, contact Disability Services by e-mail at disabilityservices@nbme.org or by telephone at 215-590-9700.

**You MUST provide supporting documentation verifying your current functional impairment.**

In order to document your need for accommodation, **submit** the following with this form:

✓ A **personal statement** describing your disability and its impact on your daily life and educational functioning.

✓ **Supporting documentation** such as psychoeducational evaluations; medical records; copies of report cards, academic and score transcripts; faculty or supervisor feedback; job performance evaluations; clerkship/clinical course evaluations; verification of prior academic/test accommodations; etc.

✓ A **complete and comprehensive evaluation**. Reports from qualified professionals must be typewritten on letterhead, signed and include the professional's qualifications.

**USMLE® Request for Test Accommodations**

**Section A: Exam Information**

Place a check next to the examination(s) for which you are currently registered and requesting test accommodations: (Check all that apply)

- ☑ Step 1
- ☐ Step 2 CK (Clinical Knowledge)
- ☐ Step 2 CS (Clinical Skills)
- ☐ Step 3

**Section B: Biographical Information**
**Please type or print.**

**B1.** Name: Hilliard (Last) Marcus (First) D (Middle Initial)

**B2.** Gender: ☑ Male ☐ Female

**B3.** Date of Birth: REDACTED

**B4.** USMLE # 5 - 3 7 7 - 3 3 5 - 4 (required)

**B5.** Address: 1060 S Elm Creek Drive
Street

Elmhurst (City) IL (State/Province) 60126 (Zip/Postal Code)

United States of America
Country

512-797-3079
Daytime Telephone Number

512-797-3079
Alternate Telephone Number

marcus.hilliard@gmail.com
E-mail address

**B6.** Medical School Name: Loyola University of Chicago Stritch School of Medicine

Country of Medical School: United States of America Date of Medical School Graduation: 06/2019

**USMLE® Request for Test Accommodations**

## Section C: Accommodations Information

**C1.** Do you require wheelchair access at the examination facility? ☐ Yes ☑ No
If yes, and you require an adjustable height computer table, indicate the number of inches required from the bottom of the table to the floor: _____

**C2.** Describe the accommodation(s) you are requesting. Accommodations must be appropriate to the impairment within the context of the examination task and setting:
100% additional test time to complete the USMLE Board Exams which is consistent with the most recent accommodations that I have recieved in the past.

Also, to be permitted to complete all tests in a separate room that provides a quiet and distraction free environment.

**C3.** Check **ONLY ONE** box for the exam(s) for which you are registered.

**STEP 1:**

**Additional Break Time**
- ☐ Additional break time over 1 day
- ☐ Additional break time over 2 days

**Additional Testing Time**
- ☐ 25% Additional test time (Time and 1/4) over 2 days
- ☐ 50% Additional test time (Time and 1/2) over 2 days
- ☑ 100% Additional test time (Double time) over 2 days

☐ Additional break time and 50% Additional test time (Time and 1/2) over 2 days

**STEP 2 CK:**

**Additional Break Time**
- ☐ Additional break time over 2 days

**Additional Testing Time**
- ☐ 25% Additional test time (Time and 1/4) over 2 days
- ☐ 50% Additional test time (Time and 1/2) over 2 days
- ☐ 100% Additional test time (Double time) over 2 days

☐ Additional break time and 50% Additional test time (Time and 1/2) over 2 days

**STEP 3:**

**Additional Break Time**
- ☐ Additional break time over 4 days

**Additional Testing Time**
- ☐ 25% Additional test time (Time and 1/4) over 3 days
- ☐ 50% Additional test time (Time and 1/2) over 4 days
- ☐ 100% Additional test time (Double time) over 5 days

☐ Additional break time and 50% Additional test time (Time and 1/2) over 4 days

**STEP 2 CS:**
Describe the accommodations you are requesting for each section of Step 2 CS (i.e., patient encounter, patient note). If you are requesting additional time, state the **amount** of additional time you require in **minutes per encounter/note**.

☐ Patient Encounter: _____

☐ Patient Note: _____

## Section D: Information About Your Impairment

**D1.** Check the box that best describes the **nature of your impairment** and list the **year** it was first diagnosed by a qualified professional. Check only those for which you are requesting accommodations.

| | Year first diagnosed |
|---|---|
| **Sensory** | |
| ☐ Hearing | |
| ☐ Vision | |
| ☐ Other (specify): | |
| **Learning** | |
| ☑ Reading | May 27,1988 |
| ☑ Writing | May 27,1988 |
| ☐ Mathematics | |
| ☐ Other (specify): | |
| **Language** | |
| ☐ Expressive | |
| ☐ Receptive | |
| ☐ Other (specify): | |
| **Physical** | |
| ☐ Mobility/motor | |
| ☐ Endocrine | |
| ☐ Neurological | |
| ☐ Other (specify): | |
| **Psychiatric** | |
| ☐ Anxiety Disorder | |
| ☐ Depression/Mood Disorder | |
| ☐ Attention Deficit/Hyperactivity Disorder | |
| ☐ Other (specify): | |
| **Other Impairment** (specify) | |

**D2.** List your **current DSM/ICD** diagnosis/diagnoses for which you are requesting accommodations:

315.00 - Specific Learning Disorder, With Impairment in Reading

315.20 - Specific Learning Disorder, With Impairment in Written Expression

**D3. Personal Statement**

**Attach a signed and dated personal statement describing your impairments(s) and their impact on daily life.** Narratives should **not** be confined to standardized test performance. The personal statement is your opportunity to tell us how your physical or mental impairment(s) substantially limit your current functioning in a major life activity. In your own words, discuss how your impairment(s) would interfere with your access to the relevant USMLE Step and how the specific accommodation(s) you are requesting will alleviate this impact.

## Section E: Accommodation History

### STANDARDIZED EXAMINATIONS

**E1.** List accommodations you received for all standardized examinations such as college, graduate and professional school admissions tests and professional licensure and certification examinations. If no accommodations were provided, write NONE.

- **Attach copies of official documentation from each testing agency confirming the test accommodations they provided.**
- **Attached a copy of your official examination score report(s).**

| | DATE(S) ADMINISTERED | ACCOMMODATION(S) PROVIDED | COMMENT(S) |
|---|---|---|---|
| ☑ SAT®, ACT® | 4/01/1995; 6/1/1995; 10/1/1995 | 100% Additional Time | Agency was unable to locate my archived score report |
| ☑ MCAT® | 6/21/2014; 8/15/2014 | 50% Additional Time | |
| ☑ GRE® | 9/25/2012 | NONE | |
| ☐ GMAT® | | | |
| ☐ LSAT® | | | |
| ☐ DAT® | | | |
| ☐ COMLEX® | | | |
| ☐ Bar Examination(s) | | | |
| ☑ Other(s) TASPT | 7/20/1996; 9/19/1996 | 100% Additional Time | Agency was unable to locate my archived score report |
| MTHPL | 6/17/1996 | 100% Additional Time | Agency was unable to locate my archived score report |

### POSTSECONDARY EDUCATION

**E2.** List each school and all formal accommodations you receive/received, and the dates accommodations were provided:

- **Attach copies of official records from the school(s) listed confirming the accommodations they provided.**

| | SCHOOL | ACCOMMODATIONS PROVIDED | DATES PROVIDED |
|---|---|---|---|
| **Medical/Graduate/ Professional School** | Loyola U Chicago | 100% Additional Time | 7/27/2015 - 6/1/2019 |
| | Rice University | 100% Additional Time | 5/13/2013 to 5/15/2015 |
| | University of Texas | 100% Additional Time | 8/28/2002 to 5/17/2008 |
| | | | |
| **Undergraduate School** | Texas Tech University | 100% Additional Time | 8/26/1996 to 5/11/2002 |
| | | | |
| | | | |

### E3. Certification of Prior Test Accommodations

- If you receive/received accommodations in medical school and/or residency, the appropriate official at your medical school/residency must complete and submit the **Certification of Prior Test Accommodations** form available at **www.usmle.org**.

## PRIMARY AND SECONDARY SCHOOL

**E4.** List each school and all formal accommodations you received, and the dates accommodations were provided:

☞ **Attach copies of official records from the school(s) listed confirming the accommodations they provided.**

| | SCHOOL | ACCOMMODATIONS PROVIDED | DATES PROVIDED |
|---|---|---|---|
| **High School** | Eastwood High School | 100% Additional Time | 8/1992 to 5/1996 |
| **Middle School** | Eastwood Middle School | 100% Additional Time | 8/1990 to 5/1992 |
| **Elementary School** | Eastwood Heights Elementary | 100% Additional Time | 8/1988 to 5/1990 |

## Section F: Certification and Authorization

To the best of my knowledge and belief, the information recorded on this request form is true and accurate. I understand that my request for accommodations, including this form and all supporting documentation, must be received by the NBME sufficiently in advance of my anticipated test date in order to provide adequate time to evaluate and process my request.

I acknowledge and agree that any information submitted by me or on my behalf may be used by the USMLE program for the following purposes:

- Evaluating my eligibility for accommodations. When appropriate, my information may be disclosed to qualified independent reviewers for this purpose.
- Conducting research. Any disclosure of my information by the USMLE program will not contain information that could be used to identify me individually; information that is presented in research publications will be reported only in the aggregate.

I authorize the National Board of Medical Examiners (NBME) to contact the entities identified in this request form, and the professionals identified in the documentation I am submitting in connection with it, to obtain further information. I authorize such entities and professionals to provide NBME with all requested further information.

I further understand that the USMLE reserves the right to take action, as described in the Bulletin of Information (see "Indeterminate Scores and Irregular Behavior"), if it determines that false information or false statements have been presented on this request form or in connection with my request for test accommodations.

Name (print): Marcus Douglas Hilliard

Signature: Marcus Douglas Hilliard Date: 9/22/2016

**What to Submit**

✓ Legible copies of all documents, not originals
✓ Typewritten and signed letters and reports from professionals on their letterhead
✓ Complete reports with all pages including test scores
✓ All documents in English. You are responsible for providing certified English translations of all non-English documentation
✓ Childhood records - if your request is based on a developmental disorder (e.g., LD, dyslexia, ADHD)
✓ Official transcripts and standardized test score reports
✓ Documentation beyond self-report of your functional impairment
✓ Documentation of your functional impairment in activities other than test-taking

**What NOT to Submit**

× Original documents
× Handwritten or unsigned letters from physicians or evaluators
× Copies of reports with redactions or missing pages
× Multiple copies of documentation (i.e., faxed and mailed copies of a document)
× Duplicate documentation previously submitted to Disability Services
× Previous correspondence from Disability Services
× Research articles, your résumé or curriculum vita
× Staples, binders, page protectors, folders, or similar items

**Mail, fax or e-mail (as a pdf) your completed request form and supporting documents to the address below at the same time you submit your Step examination application.**

**Disability Services**
**National Board of Medical Examiners**
**3750 Market Street**
**Philadelphia, PA 19104-3190**
**Telephone: (215) 590-9700**
**Facsimile: (215) 590-9422**
**E-mail: disabilityservices@nbme.org**